

Department Use Only

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT AND DETERMINATION OF EMPLOYER LIABILITY

Complete and mail this application to the above address to register your business with Unemployment Insurance (UI) Operations for UI purposes. Your application will be reviewed, and UI Operations will determine your liability to provide UI coverage for your employees. **All** items must be completed. If an item is not applicable (NA) to you or your business, enter "NA." Attach additional sheets of paper if necessary.

1. First Date of Payroll in Colorado (**Do not** provide a future date. If the first date of payroll in Colorado has not occurred, **do not** complete this application.)

2. Provide the reason for filing this application.

- ☐ Original application
☐ Change of ownership (enclose a copy of the sales agreement and a list of the board of directors for the new business and all acquired businesses)
☐ Reinstatement of existing account Account Number _____

3. Type of Organization (check only one box)

- | | |
|---|---|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> "S" Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Limited Partnership |
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Liability Company (reported as corporation on Internal Revenue Service Form 8832) |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Limited Liability Company (reported as sole proprietor or partnership on Internal Revenue Service Form 8832) |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Stock Sale (only complete page 1 of this application and sign on page 4) |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Religious Organization | |
| <input type="checkbox"/> Nonprofit as defined by section 501(c)(3) of the Internal Revenue Code (enclose a copy of your exemption letter from the Internal Revenue Service) | |
| <input type="checkbox"/> Other Nonprofit _____ | |

4. Basic Information—Provide the requested employer, address, and contact information.

Legal Business Name (attach a copy of the appropriate business filing with the Secretary of State)

Trade Name/Doing-Business-As Name (if applicable)

Federal Employer Identification Number (required)

Street Address of Principal Place of Business in Colorado (provide a residence address only if it is the only Colorado address)

City

State
CO

ZIP Code

County

Telephone Number

Cellular Telephone Number

E-mail Address

Web-site Address

Mailing Address if Different From Above (include in-care-of name if applicable)

Legal Name of Owner, Partner, or Corporate Officer

Title

Social Security Number

Telephone Number

Complete Address of Owner, Partner, or Corporate Officer (Residence or P.O. Box)

Cellular Telephone Number

Legal Name of Owner, Partner, or Corporate Officer

Title

Social Security Number

Telephone Number

Complete Address of Owner, Partner, or Corporate Officer (Residence or P.O. Box)

Cellular Telephone Number

Attach additional sheets of paper if there are additional owners, partners, or corporate officers.

Bank Name and Address (provide complete address)

Payroll-Records Location (provide complete address)

Payroll-Records Telephone Number

Initials of Individual Completing Form UITL-100 _____

Office Use Only	Coding "Q" Number _____	Coding Date _____	Input "Q" Number _____
Account Type _____	NAICS _____	Organization Code _____	Liability Code _____
Qualifying Date _____	UITR-1 _____	Liability Date _____	

5. Has this business paid wages or paid other remuneration in lieu of wages such as dividends ("S" corporation only), bonuses, draws, or disbursements? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Wages include payments made to corporate officers performing any services in Colorado. If Yes , provide the federal employer identification number (FEIN) if different than the FEIN provided in Item 4 or the UI account number if different than the account number provided in Item 2 if applicable. _____			
6. Has this business paid any individual who is considered to be a contractor or subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Has the business issued or does it intend to issue Internal Revenue Service Form 1099-MISC to any individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to Item 6 or 7, describe the type of work performed _____			
8. Is this business an employee-leasing company (i.e., does it lease employees to other businesses or management companies)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Are the employees of this business hired through an employee-leasing company or management company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes : Provide the name of the employee-leasing or management company _____ Provide the FEIN and/or UI account number _____			
10. Is this business an individual/sole proprietor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , are there any employees other than the individual, his or her spouse, or his or her children under the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Is this business a partnership or limited liability organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , are there any employees other than the partners or members of the limited liability organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Select the item that best describes the business's activity in Colorado (check only one box) and provide specific detail below. For additional information regarding these industry descriptions, call Labor Market Information (LMI) at 303-318-8850 or contact LMI in writing at 633 17th Street, Suite 600, Denver, CO 80202 . Additional information is available online at lmigateway.coworkforce.com/lmigateway . <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Agricultural (list crops, animals, and/or services provided) <input type="checkbox"/> Mining (list product being mined and/or services performed) <input type="checkbox"/> Utilities (list type and services performed) <input type="checkbox"/> Transportation, Communication, or Public Utilities (list type) <input type="checkbox"/> Retail Trade (list type of product sold and to whom) <input type="checkbox"/> Wholesale Trade (list type of product sold and to whom) <input type="checkbox"/> Service (list type and explain in detail) <input type="checkbox"/> Finance, Insurance, or Real Estate (list type and explain in detail) <input type="checkbox"/> Manufacturing and Assembly (list materials used and products rendered) <input type="checkbox"/> Government (list type of agency) <input type="checkbox"/> Household/Domestic <input type="checkbox"/> Other _____ </div> <div style="width: 48%;"> Construction—General Contractor <input type="checkbox"/> Residential <div style="margin-left: 20px;"> <input type="checkbox"/> Single Family <input type="checkbox"/> Multiple Family </div> <input type="checkbox"/> Commercial <div style="margin-left: 20px;"> <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Other Commercial </div> <input type="checkbox"/> Speculative Builder/For Sale by Owner <input type="checkbox"/> Subcontractor (explain in detail) Heavy Construction <input type="checkbox"/> Highway and Steel Construction <input type="checkbox"/> Bridge, Tunnel, and/or Elevated Highway <input type="checkbox"/> Water, Sewer, Pipeline, and/or Communication <input type="checkbox"/> Other Heavy Construction </div> </div> <p>Provide specific detail regarding the business's activity in Colorado. If more than one service is provided, indicate which is predominant.</p> <p>NOTE: If the business's entire activity is seasonal or if it has seasonal occupations, a request for seasonal designation can be made by completing and returning Form UITL-5, Request for Seasonal Determination. To obtain this form, go to www.coworkforce.com, click on Unemployment Online Services, and then click on Forms under "Employers." If you have any questions regarding seasonal status, call UI Operations at one of the telephone numbers at the top of the initial page of this application.</p>			
13. Worksite Information —Provide the following information for each physical location in Colorado. Do not provide P.O. boxes, payroll, or accountant addresses. If an employee works from his or her home, you must provide the employee's residence address. Attach additional sheets of paper for more than three physical locations in Colorado.			
Physical Street Address of Worksite			
City		State CO	ZIP Code
City		State CO	ZIP Code
Worksite Telephone Number	Worksite Contact Person	Average Number of Employees in a Typical Month	
Physical Street Address of Worksite			
City		State CO	ZIP Code
City		State CO	ZIP Code
Worksite Telephone Number	Worksite Contact Person	Average Number of Employees in a Typical Month	
Physical Street Address of Worksite			
City		State CO	ZIP Code
City		State CO	ZIP Code
Worksite Telephone Number	Worksite Contact Person	Average Number of Employees in a Typical Month	

14. In accordance with the Colorado Employment Security Act (CESA), employers are required to provide UI coverage if one of the following conditions are met. Employers can meet these conditions through the employment of full-time, part-time, and temporary workers (including temporary agricultural workers with an H-2A visa).

NOTE: Calendar quarters are defined as January–March, April–June, July–September, and October–December.

Check the appropriate box and provide the corresponding information that is requested.

Commercial, Industrial, or Professional Organization (as defined in CESA 8-70-113)

- ☐ Paid one or more workers a total of \$1,500 in gross wages during any calendar quarter in the current or preceding calendar year
Date on which you paid \$1,500 in gross wages during a calendar quarter to meet this requirement _____
- ☐ Employed one or more workers for some portion of a day in 20 different calendar weeks during the current or preceding calendar year (all 20 calendar weeks must occur within the same calendar year)
Date on which you first employed a worker for some portion of a day to meet this requirement _____
Date on which you employed a worker for some portion of a day in the 20th calendar week to meet this requirement _____
- NOTE: The services do not have to be performed in consecutive weeks or by the same employee.

Agricultural Employer (as defined in CESA 8-73-120)

- ☐ Paid one or more agricultural workers a total of \$20,000 in gross wages during any calendar quarter in the current or preceding calendar year
Date on which you paid \$20,000 in gross wages during a calendar quarter to meet this requirement _____
- ☐ Employed ten or more agricultural workers for some portion of a day in 20 different calendar weeks during the current or preceding calendar year (all 20 calendar weeks must occur within the same calendar year)
Date on which you first employed ten workers for some portion of a day to meet this requirement _____
Date on which you employed ten workers for some portion of a day in the 20th calendar week to meet this requirement _____
- NOTE: The services do not have to be performed in consecutive weeks or by the same ten employees.

Household/Domestic-Services Employer (as defined in CESA 8-70-121)

- ☐ Paid one or more workers performing domestic services in a private home, local college club, or local chapter of a fraternity or sorority a total of \$1,000 in gross wages during any calendar quarter in the current or preceding calendar year
Date on which you paid one or more workers \$1,000 in gross wages during a calendar quarter to meet this requirement _____

Nonprofit Organization (exempt under section 501[c][3] of the Internal Revenue Code and as defined in CESA 8-70-118)

- ☐ Had four or more workers employed anywhere in the U.S. in any calendar quarter in the current calendar year or preceding calendar year
Date on which you first employed at least one worker in Colorado _____
Date on which you first employed four workers anywhere in the U.S. to meet this requirement _____
Date on which you employed four workers anywhere in the U.S. in the 20th calendar week to meet this requirement _____
- NOTE: The services do not have to be performed in consecutive weeks or by the same four employees.
Type of services provided _____

15. Business Acquisition—For purposes of this application, an acquisition is defined as the purchase or transfer of any or all of the assets and/or employees of a previously established business. If this business entity was acquired, in accordance with CESA 8-76-104, UI Operations must make a determination regarding the purpose of the business acquisition. If you have any questions regarding the acquisition of a business, call UI Operations at one of the telephone numbers at the top of the initial page of this application.

Is the business entity completing this application as a result of a business acquisition? ☐ Yes ☐ No If **No**, skip to Item 18.

If **Yes**: Provide the date of acquisition _____

Check one of the boxes below to indicate the type of acquisition and complete Items 16 and 17.

- ☐ Total Business Acquisition or Employee Transfer—This business acquired **all** of the organization, trade, or business or **substantially all** of the assets of at least one employer or utilizes the services of 90 percent or more of the total number of employees from another employer.
NOTE: This can include a reorganization of a current business.
- ☐ Partial Business Acquisition or Employee Transfer—This business acquired **some** of the organization, trade, or business or the assets of at least one employer or utilizes the services of less than 90 percent of the total number of employees from another employer.
NOTE: This can include a reorganization of a current business.

16. Provide the following information regarding the prior employer.

Prior Legal Business Name	Prior FEIN or UI Account Number
Name of Prior Owner	Current Telephone Number of Prior Owner
Current Address of Prior Owner (provide complete address)	

17. Did the business entity acquire any workers from the prior business who are now employed with the new business? ☐ Yes ☐ No

If **Yes**: How many employees were acquired? _____

How many employees did the prior business have during its last four pay periods? Last Pay Period _____

Second-to-Last Pay Period _____ Third-to-Last Pay Period _____ Fourth-to-Last Pay Period _____

Initials of Individual Completing Form UITL-100 _____

18. Has the owner, partner, or corporate officer of this business entity owned or operated any business in Colorado or does the owner, partner, or corporate officer currently own or operate any other business in Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , provide the information requested below for each business regardless of whether it is still in operation or related to this business entity. In addition, provide the requested information for all affiliated businesses. Attach additional sheets of paper if necessary.		
Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN
19. Will the business entity file a consolidated federal tax return, including Internal Revenue Service Form 851, with any other business or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , provide the information requested below for each business or entity included in the consolidated tax return. Attach additional sheets of paper if necessary.		
Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN
20. Is this business entity wholly owned by a corporation or limited liability organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , provide the information requested below for all businesses within the organizational structure. Attach additional sheets of paper if necessary.		
Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN
21. Is this business entity the result of a reorganization of a previously existing business entity or entities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , provide the information requested below for all business entities. Attach additional sheets of paper if necessary. NOTE: Attach a copy of your reorganization plan. Provide the names of all corporate officers for all entities, a statement explaining the reason for the reorganization, and any cost-benefit analysis that was completed in relation to the reorganization.		
Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN
22. Was this business entity purchased as a franchise from a corporation or franchisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this business entity purchased as a franchise from a corporation or franchisee? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify under penalty of perjury that the above information is true, accurate, and complete to the best of my knowledge. I understand that there are severe penalties for providing false statements and willfully misrepresenting information in order to reduce UI rates.		
Name (please print)		Title
Telephone Number	Alternate Telephone Number	E-mail Address
Signature		Date

The completion of this application is for UI purposes only. If you need to register your business in Colorado for other purposes such as establishing wage withholding, applying for a state sales tax license, or registering a trade name, complete Form CR 0100, Colorado Business Registration. The Colorado Business Registration is available at www.colorado.gov/revenue.